

PUNCHED
VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO.

55483

1. PLACE OF DEATH A. COUNTY YUMA C. CITY OR TOWN YUMA D. FULL NAME OF HOSPITAL OR INSTITUTION 207 Gila Street	B. LENGTH OF STAY IN THIS TOWN 1 1/2 yrs IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS <input type="checkbox"/>		2. USUAL RESIDENCE A. STATE ARIZONA C. CITY OR TOWN YUMA D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 207 Gila Street		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) POLA B. (MIDDLE) QUINTANA C. (LAST) AVALOS		4. SEX F	5. COLOR OR RACE Caucasian	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) married		
	6B. NAME OF SPOUSE NONE		7. DATE OF BIRTH MONTH 1 DAY 19 YEAR 1905	8. AGE (IN YEARS) LAST BIRTHDAY 56	IF UNDER 1 YEAR MONTHS 0 DAYS 0	IF UNDER 24 HRS. HOURS 0 MIN. 0	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Waitress
	9B. KIND OF BUSINESS OR INDUSTRY Cafe	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) New Mexico	11. CITIZEN OF WHAT COUNTRY? USA	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) No		13. SOCIAL SECURITY NO. 525-38-6115	
14A. FATHER'S NAME Miguel Quintana		14B. BIRTHPLACE (STATE OR COUNTRY) New Mexico	15A. MOTHER'S MAIDEN NAME Ferminia - - - - -		15B. BIRTHPLACE (STATE OR COUNTRY) New Mexico		
16. INFORMANT'S SIGNATURE Angie Romero, 607 Gila Street, Yuma, Arizona			17. DATE OF DEATH (MONTH) JUNE (DAY) 7 (YEAR) 1961				
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). \$THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Acute Coronary occlusion ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Arteriosclerosis DUE TO (C) Melanocarcinoma of neck				INTERVAL BETWEEN ONSET AND DEATH minutes years 3 months		
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.						
	19A. DATE OF OPERATION 5/24		19B. MAJOR FINDINGS OF OPERATION Appendicitis		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 5/24 , 19 61 , TO 6/7 , 19 61 , THAT I LAST SAW THE DECEASED ALIVE ON 6/5 , 19 61 , AND THAT DEATH OCCURRED AT 9:45 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.						
22A. SIGNATURE [Signature] (DEGREE OR TITLE) M.D.		22B. ADDRESS Yuma, Arizona		22C. DATE SIGNED June 8, 1961			
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)			
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?			
24A. CORONER'S SIGNATURE			24B. ADDRESS		24C. DATE SIGNED		
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE 6/12/61	25C. NAME OF CEMETERY OR CREMATORY Yuma Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Yuma, Arizona		
26A. DATE REC. BY LOCAL REG. 6-12-61		26B. REGISTRAR'S SIGNATURE [Signature]		27A. FUNERAL DIRECTOR'S SIGNATURE Ray Dixon-Yuma Mortuary		27B. ADDRESS 551 16th Street, Yuma	
28A. EMBALMER'S SIGNATURE Ray Dixon				28B. EMBALMER'S CERT. NO. 388			